

107 FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2310 N. 18th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... About 60 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Agnes Mansell

3. (b) If veteran, name war..... no 3. (c) Social Security No..... none

4. Sex female 5. Color or race white 6. (a) Single, widowed, divorced, or married married
6. (b) Name of husband or wife William Mansell 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 10th 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 4 ..hr. min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Kavanagh
13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah MacInnis
15. Birthplace unknown Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cathryn Ward

(b) Address 5909 Lucille Ave

17. (a) Burial (b) Date thereof Jan. 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph J. [illegible]

(b) Address 2228 St. Louis Ave

19. (a) JAN 16 1941 (b) J. M. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800
(c) City or town St. Louis 1126
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 N. 18th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Jan.
year 1941 hour 7-40 minute 2.00 M.

21. I hereby certify that I attended the deceased from 1/14 1941, to 1/14 1941;
that I last saw him alive on 1/14 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to.....

Due to.....

Other conditions Medical Registration
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature D. R. Parman (M. D. or other)
Address 3903 Olive St Date signed.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.